Monthly rates

for Individual and Family Plans (IFP)

Rate sheet for region 19

Effective January 2027

This booklet has monthly rate information for Blue Shield of California medical, dental, vision,* and individual term life insurance* coverage for all regions. You can purchase some plans either directly from Blue Shield or from Covered California, California's health plan marketplace, while some plans are only available directly through Blue Shield or Covered California. The information below will provide a guide.

Medical plans
Choose the medical plan that is best for you from our IFP Trio HMO network or from our Exclusive PPO Network.

Our IFP Trio HMO network
An accountable care organization (ACO) is a network of doctors and hospitals that work directly with health plan providers, such as Blue Shield, to share the responsibility for providing coordinated care to patients. Within the IFP Trio HMO network, you will have a primary care physician (PCP) that coordinates your care, communicates with necessary specialists, and provides referrals so you can get care. Your chosen PCP must participate in the IFP Trio HMO network.

Your PCP will refer you to specialists that are part of the same medical group of professionals. If you need a specialist who is not in your PCP's medical group, you may be referred out of network and still receive covered benefits.

Blue Shield's Trio HMO is available in 28 counties throughout California and can be purchased directly through Blue Shield or Covered California. The IFP Trio HMO network offers the same types of doctors and levels of care as traditional HMO plans. To enroll in a Trio HMO plan, you and your dependents must live or work in the Trio HMO plan service area.

Our Exclusive PPO Network
Blue Shield offers a variety of PPO health plans that give you access to more than 69,000 doctors, 325 hospitals, and 1,000 urgent care centers in our Exclusive PPO Network. So make sure any physician you visit is in the Exclusive PPO Network to minimize out-of-pocket costs. While Blue Shield's PPO plans provide limited coverage for some services you receive from providers outside of the plan's Exclusive PPO Network, you will get the most value from your PPO health plan when you use Exclusive PPO Network providers.

Medical plans available through:	Blue Shield or Covered California	Blue Shield only	Covered California only
HMO plans			
Blue Shield Platinum 90 Trio HMO	●		
Blue Shield Gold 80 Trio HMO	●		
Blue Shield Silver 70 Trio HMO	●		
Blue Shield Silver 70 Off Exchange Trio HMO		●	
Blue Shield Silver 94 Trio HMO			●
Blue Shield Silver 87 Trio HMO			●
Blue Shield Silver 73 Trio HMO			●
Blue Shield Bronze 60 Trio HMO	●		
Blue Shield Bronze 7500 Trio HMO		●	
PPO plans			
Blue Shield Platinum 90 PPO	●		
Blue Shield Gold 80 PPO	●		
Blue Shield Silver 70 PPO	●		
Blue Shield Bronze 60 PPO	●		
Blue Shield Bronze 60 HDHP PPO	●		
Blue Shield Bronze 7250 PPO		●	
Blue Shield Minimum Coverage PPO	●		
Blue Shield Silver 70 Off Exchange PPO		●	
Blue Shield Silver 1850 PPO		●	
Blue Shield Silver 2800 HDHP PPO		●	
Blue Shield Silver 94 PPO			●
Blue Shield Silver 87 PPO			●
Blue Shield Silver 73 PPO			●

Please note: The Minimum Coverage PPO plan is available only to persons under age 30, or those age 30 and above who can provide a certification that they are without affordable coverage or are experiencing financial hardship. Pediatric dental and vision benefits are embedded into all medical plans. Once a person turns age 19, they are no longer eligible for pediatric dental and pediatric vision benefits. To obtain dental and vision benefits, they must apply for a separate dental plan and vision plan.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Dental, vision, and life insurance plans
Add a Blue Shield dental plan, vision plan, and/or life insurance plan in addition to your health coverage.

Having your medical, dental, and vision coverages from the same health insurer gives you access to a seamless online member account that helps you conveniently manage all your health information in one place.

Maintaining good oral and vision health through regular preventive care can also help you manage your overall health. That's because many high-risk conditions, such as diabetes or hypertension, can be seen through an eye or oral exam first.



Have the freedom of choice in finding care with in-network providers through one of the largest dental HMO and PPO networks in California.



The largest network in California, with a mix of ophthalmologists, optometrists, and retail vision providers, allows you to access vision care where and when you need it.



Protect your loved ones with coverage from a company rated "A (Excellent)" by A.M. Best.

Dental, vision, dental + vision package, and individual term life insurance plans available through Blue Shield only

Dental PPO
Dental PPO 1500
Enhanced Dental PPO 50/2000
Enhanced Dental PPO 50/2000 Lifetime Ortho 1500
Dental HMO
Dental Standard HMO
Specialty Duo℠ dental + vision package*
Ultimate Vision 15/25/120*
Individual term life insurance plans*

Dental plans available through Covered California only

Blue Shield Family Dental PPO
Blue Shield Family Dental HMO

* Underwritten by Blue Shield of California Life & Health Insurance Company.

Find your rate

1. **Determine plan availability**
   Some plans are only available in specific areas. Medical and dental PPO plans are available in all counties. Medical HMO and dental HMO plans availability vary per region and/or ZIP code. Please refer to region ratings by county on page 5 for a helpful chart.

2. **Specify your plan**
   Find the plan you selected for you and/or your family in the plan's rate chart.

   For plans sold through Blue Shield only, you can enroll in a dental plan, vision plan,* dental + vision package,* or apply for individual term life insurance coverage* with or without the purchase of a Blue Shield medical plan. If you wish to apply for individual term life insurance coverage, you must submit a separate application.

   You can only enroll in a family dental plan sold through Covered California if you are also enrolled in a medical plan sold through Covered California. For additional enrollment guidelines, please refer to the Basics of family dental plans section on page 8.

3. **Locate your rate depending on your age**
   Locate your age to determine your rate. For family coverage, the rate is a sum of each family member's individual rate. However, a maximum of the three oldest children will be included in the total family rate.

   For plans sold through Blue Shield only, you can enroll in a dental plan,† vision plan, or dental + vision package along with a medical plan. Add the rate for those products to your medical rate to determine your total rate.

   For plans sold through Covered California, dental and vision plans cannot be bundled with your medical plan for combined billing. Enrollment and billing will be handled separately from your medical plan.

   Maximum age for three-child rule
   Medical plans and dental plans sold through Covered California only: Under age 21
   Dental and vision plans sold through Blue Shield only: Under age 26

Dental, vision, dental + vision, and individual term life insurance plan rates can be found on pages 7–9.
Medical coverage rates can be found starting on page 10.

* Underwritten by Blue Shield of California Life & Health Insurance Company.

† Please note that the Family Dental HMO, Dental HMO, and Dental Standard HMO plans' availability and/or rate per member differ based on region and county. These plans are not available for enrollment in certain counties. Please refer to page 5 for plan specifics.

Rating regions by county

Available in all counties shown below:

All PPO medical plans
All PPO dental plans
All vision plans
All life insurance plans

Trio HMO plans are available in 28 counties* (full or partial coverage). Trio HMO is not offered in region 13. Dental HMO, and Dental Standard HMO plans are not available in Region 1. To identify the Trio HMO and Dental HMO plans' service area, use the following guide:

● Full ♦ Partial ○ Not offered

County	Region	Trio HMO offered?	Dental HMO offered?
Alameda	6	●	●
Alpine	1	○	○
Amador	1	○	○
Butte	1	○	○
Calaveras	1	○	○
Colusa	1	○	○
Contra Costa	5	●	●
Del Norte	1	○	○
El Dorado	3	♦	●
Fresno	11	♦	●
Glenn	1	○	○
Humboldt	1	○	○
Imperial	13	○	●
Inyo	13	○	●
Kern	14	♦	●
Kings	11	♦	●
Lake	1	○	○
Lassen	1	○	○
Los Angeles (except ZIP codes listed below)	16	♦	●
Los Angeles (ZIP codes starting with 906, 907, 908, 910, 911, 912, 915, 917, 918, and 935)	15	♦	●
Madera	11	○	●
Marin	2	♦	♦
Mariposa	10	○	●
Mendocino	1	○	○
Merced	10	○	●
Modoc	1	○	○
Mono	13	○	●
Monterey	9	♦	●
Napa	2	○	♦
Nevada	1	♦	○
Orange	18	●	●

Rating regions by county (continued)

● Full ♦ Partial ○ Not offered

County	Region	Trio HMO offered?	Dental HMO offered?
Placer	3	♦	●
Plumas	1	○	○
Riverside	17	♦	●
Sacramento	3	♦	●
San Benito	9	○	●
San Bernardino	17	♦	●
San Diego	19	♦	●
San Francisco	4	●	●
San Joaquin	10	●	●
San Luis Obispo	12	♦	♦
San Mateo	8	●	●
Santa Barbara	12	♦	♦
Santa Clara	7	●	●
Santa Cruz	9	●	●
Shasta	1	○	○
Sierra	1	○	○
Siskiyou	1	○	○
Solano	2	♦	♦
Sonoma	2	○	♦
Stanislaus	10	♦	●
Sutter	1	○	○
Tehama	1	○	○
Trinity	1	○	○
Tulare	10	♦	●
Tuolumne	1	○	○
Ventura	12	♦	♦
Yolo	3	♦	●
Yuba	1	○	○

Monthly dental and vision rates

PPO dental plans available directly through Blue Shield

	Rate per member	
	Ages 0 through 25 (rate per child for first three children – no cost for fourth child and beyond)*	Age 26+
Dental PPO	$46.30	$54.70
Dental PPO 1500	$53.40	$63.20
Enhanced Dental PPO 50/2000	$62.40	$80.40
Enhanced Dental PPO 50/2000 Lifetime Ortho 1500	$67.70	$87.30

HMO dental plans available directly through Blue Shield†

	Rate per member	
	Ages 0 through 25 (rate per child for first three children – no cost for fourth child and beyond)*	Age 26+
Dental HMO	$26.60	$29.20
Dental Standard HMO	$14.10	$17.50

Blue Shield dental plans available through Covered California

	Rate per member	
	Ages 0 through 18 (rate per child for first three children – no cost for fourth child and beyond)‡	Age 19+
Family Dental PPO	$35.70	$54.30

	Rate per member	
	Ages 0 through 18 (rate per child for first three children – no cost for fourth child and beyond)‡	Age 19+
Family Dental HMO	$15.60	$14.90

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian on the policy, each child will be given a separate policy and each child will be charged the child age rate.

† The Dental HMO and Dental Standard HMO plans are not available in certain ZIP codes, including all of Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Plumas, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Tuolumne, and Yuba counties.

‡ A dependent 18 years of age will be charged the age 0–18 rate through the end of the year in which they turn 19. However, that dependent will continue to count toward the three-dependent maximum rate cap until they turn 21.

Monthly dental and vision rates (continued)

*Monthly Specialty Duo℠ dental + vision package rates

	Rate per member	
	Ages 0 through 25 (rate per child for first three children – no cost for fourth child and beyond)†	Age 26+
Specialty Duo℠ dental + vision package	$51.30	$60.50

Please note: Monthly rates for Specialty Duo℠ are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health and dental + vision package rates.

* Rates are pending regulatory approval.

† Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

Monthly vision plan rates

	Rate per member	
	Ages 0 through 25 (rate per child for first three children – no cost for fourth child and beyond)*	Age 26+
Ultimate Vision 15/25/120	$7.90	$7.90

Please note: Monthly rates for vision plans are in addition to the rates for medical benefits covered by the Blue Shield health plan. However, you will receive one bill that combines your health, vision, and, if applicable, dental plan rates.

* Only dependent children ages 0 through 25 count toward the three-child maximum rate cap. If you are enrolling more than one dependent child without an accompanying parent or legal guardian in the plan, the three-child maximum rate cap does not apply. Each child will be given a separate policy, and each child will be charged the ages 0 through 25 rate.

Basics of family dental plans

- Covered California's family dental plans make benefits available to both adults and children. Enrollment in these plans is optional, and there is no tax penalty if you do not enroll in an optional family dental plan.
- Families that wish to purchase a family dental plan must be enrolled in a health insurance (medical) plan purchased through Covered California.
- There must be at least one adult (age 19 or older) enrolled in a family dental plan in order for a child in the family to enroll.
  - All adults in the household are not required to enroll.
  - If a family chooses to enroll children (younger than 19) in a family dental plan, all children younger than 19 who live in the household must enroll in the same family dental plan.

Monthly life insurance* plan rates

Life† and accidental death and dismemberment (AD&D) benefits are available in the following amounts: $10,000, $15,000, $25,000, $50,000, $75,000, and $100,000.

Coverage amount: $10,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$2.35	$3.64	$1.81	$2.56
20–24	$2.38	$3.70	$1.84	$2.62
25–29	$2.45	$3.84	$1.90	$2.74
30–34	$2.64	$4.22	$2.06	$3.07
35–39	$2.96	$4.87	$2.35	$3.63
40–44	$3.50	$5.94	$2.84	$4.62
45–49	$4.53	$8.01	$3.67	$6.28
50–54	$6.20	$11.34	$5.01	$8.97
55–59	$8.79	$16.52	$7.03	$13.00
60–64	$13.65	$26.25	$10.19	$19.32
65+	All plans terminate at age 65			

Coverage amount: $15,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$2.99	$4.92	$2.19	$3.32
20–24	$3.04	$5.02	$2.23	$3.40
25–29	$3.14	$5.23	$2.32	$3.58
30–34	$3.43	$5.80	$2.57	$4.08
35–39	$3.91	$6.77	$2.99	$4.92
40–44	$4.72	$8.39	$3.73	$6.40
45–49	$6.27	$11.48	$4.98	$8.90
50–54	$8.77	$16.49	$6.99	$12.92
55–59	$12.65	$24.25	$10.01	$18.97
60–64	$19.95	$38.85	$14.75	$28.45
65+	All plans terminate at age 65			

Coverage amount: $25,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$4.28	$7.50	$2.94	$4.82
20–24	$4.36	$7.65	$3.01	$4.96
25–29	$4.53	$8.01	$3.16	$5.27
30–34	$5.01	$8.96	$3.58	$6.09
35–39	$5.82	$10.58	$4.28	$7.50
40–44	$7.16	$13.27	$5.51	$9.96
45–49	$9.75	$18.43	$7.59	$14.12
50–54	$13.91	$26.77	$10.95	$20.84
55–59	$20.38	$39.71	$15.99	$30.91
60–64	$32.55	$64.04	$23.89	$46.72
65+	All plans terminate at age 65			

Coverage amount: $50,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$7.50	$13.95	$4.82	$8.59
20–24	$7.65	$14.25	$4.96	$8.86
25–29	$8.01	$14.96	$5.27	$9.48
30–34	$8.96	$16.87	$6.09	$11.13
35–39	$10.58	$20.10	$7.50	$13.95
40–44	$13.27	$25.49	$9.96	$18.87
45–49	$18.43	$35.81	$14.12	$27.19
50–54	$26.77	$52.49	$20.84	$40.62
55–59	$39.71	$78.37	$30.91	$60.77
60–64	$64.04	$127.02	$46.72	$92.38
65+	All plans terminate at age 65			

Coverage amount: $75,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$10.73	$20.40	$6.70	$12.35
20–24	$10.95	$20.85	$6.91	$12.77
25–29	$11.49	$21.92	$7.37	$13.69
30–34	$12.92	$24.78	$8.61	$16.17
35–39	$15.34	$29.63	$10.72	$20.39
40–44	$19.38	$37.71	$14.42	$27.78
45–49	$27.12	$53.19	$20.66	$40.26
50–54	$39.63	$78.20	$30.73	$60.40
55–59	$59.04	$117.03	$45.84	$90.63
60–64	$95.53	$190.01	$69.55	$138.04
65+	All plans terminate at age 65			

Coverage amount: $100,000				
Age range	Male non-nicotine	Male nicotine use	Female non-nicotine	Female nicotine use
1–19	$13.95	$26.85	$8.59	$16.12
20–24	$14.25	$27.45	$8.86	$16.67
25–29	$14.96	$28.87	$9.48	$17.90
30–34	$16.87	$32.69	$11.13	$21.21
35–39	$20.10	$39.15	$13.95	$26.84
40–44	$25.49	$49.93	$18.87	$36.69
45–49	$35.81	$70.57	$27.19	$53.33
50–54	$52.49	$103.92	$40.62	$80.18
55–59	$78.37	$155.69	$60.77	$120.49
60–64	$127.02	$252.99	$92.38	$183.70
65+	All plans terminate at age 65			

AD&D coverage amount‡						
Age range	$10,000	$15,000	$25,000	$50,000	$75,000	$100,000
1–19	$1.00	$1.50	$2.50	N/A	N/A	N/A
20–64	$1.00	$1.50	$2.50	$5.00	$7.50	$10.00
65+	N/A	N/A	N/A	N/A	N/A	N/A

* Underwritten by Blue Shield of California Life & Health Insurance Company.

† Life insurance may be purchased with or without AD&D.

‡ AD&D may only be purchased if a life insurance policy is purchased. Rates in table reflect additional increase to monthly premium. For example, a 40-year-old woman who does not use nicotine would pay a monthly premium of $14.96 for $50,000 coverage of life insurance ($9.96) and AD&D ($5.00).

Monthly rates for region 19 – PPO plans

Age	Platinum 90 PPO	Gold 80 PPO	Silver 70 PPO	Silver 73 PPO	Silver 87 PPO	Silver 94 PPO
0 to 14	$939.44	$696.60	$573.74	$573.74	$573.74	$573.74
15	$1,022.94	$758.52	$624.74	$624.74	$624.74	$624.74
16	$1,054.87	$782.19	$644.24	$644.24	$644.24	$644.24
17	$1,086.80	$805.87	$663.74	$663.74	$663.74	$663.74
18	$1,121.18	$831.37	$684.74	$684.74	$684.74	$684.74
19	$1,155.57	$856.86	$705.74	$705.74	$705.74	$705.74
20	$1,191.18	$883.27	$727.49	$727.49	$727.49	$727.49
21	$1,228.02	$910.59	$749.99	$749.99	$749.99	$749.99
22	$1,228.02	$910.59	$749.99	$749.99	$749.99	$749.99
23	$1,228.02	$910.59	$749.99	$749.99	$749.99	$749.99
24	$1,228.02	$910.59	$749.99	$749.99	$749.99	$749.99
25	$1,232.93	$914.23	$752.99	$752.99	$752.99	$752.99
26	$1,257.49	$932.44	$767.99	$767.99	$767.99	$767.99
27	$1,286.97	$954.30	$785.99	$785.99	$785.99	$785.99
28	$1,334.86	$989.81	$815.24	$815.24	$815.24	$815.24
29	$1,374.16	$1,018.95	$839.24	$839.24	$839.24	$839.24
30	$1,393.80	$1,033.52	$851.24	$851.24	$851.24	$851.24
31	$1,423.28	$1,055.37	$869.24	$869.24	$869.24	$869.24
32	$1,452.75	$1,077.22	$887.24	$887.24	$887.24	$887.24
33	$1,471.17	$1,090.88	$898.49	$898.49	$898.49	$898.49
34	$1,490.82	$1,105.45	$910.49	$910.49	$910.49	$910.49
35	$1,500.64	$1,112.74	$916.49	$916.49	$916.49	$916.49
36	$1,510.47	$1,120.02	$922.49	$922.49	$922.49	$922.49
37	$1,520.29	$1,127.31	$928.49	$928.49	$928.49	$928.49
38	$1,530.11	$1,134.59	$934.49	$934.49	$934.49	$934.49
39	$1,549.76	$1,149.16	$946.49	$946.49	$946.49	$946.49
40	$1,569.41	$1,163.73	$958.49	$958.49	$958.49	$958.49
41	$1,598.88	$1,185.58	$976.48	$976.48	$976.48	$976.48
42	$1,627.13	$1,206.53	$993.73	$993.73	$993.73	$993.73
43	$1,666.42	$1,235.67	$1,017.73	$1,017.73	$1,017.73	$1,017.73
44	$1,715.55	$1,272.09	$1,047.73	$1,047.73	$1,047.73	$1,047.73
45	$1,773.26	$1,314.89	$1,082.98	$1,082.98	$1,082.98	$1,082.98
46	$1,842.03	$1,365.88	$1,124.98	$1,124.98	$1,124.98	$1,124.98
47	$1,919.40	$1,423.25	$1,172.23	$1,172.23	$1,172.23	$1,172.23
48	$2,007.81	$1,488.81	$1,226.23	$1,226.23	$1,226.23	$1,226.23
49	$2,095.00	$1,553.46	$1,279.48	$1,279.48	$1,279.48	$1,279.48
50	$2,193.25	$1,626.31	$1,339.48	$1,339.48	$1,339.48	$1,339.48
51	$2,290.26	$1,698.24	$1,398.73	$1,398.73	$1,398.73	$1,398.73
52	$2,397.10	$1,777.47	$1,463.98	$1,463.98	$1,463.98	$1,463.98
53	$2,505.16	$1,857.60	$1,529.98	$1,529.98	$1,529.98	$1,529.98
54	$2,621.82	$1,944.10	$1,601.23	$1,601.23	$1,601.23	$1,601.23
55	$2,738.49	$2,030.61	$1,672.47	$1,672.47	$1,672.47	$1,672.47
56	$2,864.97	$2,124.40	$1,749.72	$1,749.72	$1,749.72	$1,749.72
57	$2,992.69	$2,219.10	$1,827.72	$1,827.72	$1,827.72	$1,827.72
58	$3,129.00	$2,320.18	$1,910.97	$1,910.97	$1,910.97	$1,910.97
59	$3,196.54	$2,370.26	$1,952.22	$1,952.22	$1,952.22	$1,952.22
60	$3,332.85	$2,471.33	$2,035.47	$2,035.47	$2,035.47	$2,035.47
61	$3,450.74	$2,558.75	$2,107.47	$2,107.47	$2,107.47	$2,107.47
62	$3,528.10	$2,616.12	$2,154.72	$2,154.72	$2,154.72	$2,154.72
63	$3,625.12	$2,688.05	$2,213.97	$2,213.97	$2,213.97	$2,213.97
64+	$3,684.06	$2,731.76	$2,249.96	$2,249.96	$2,249.96	$2,249.96

Monthly rates for region 19 – PPO plans (continued)

Age	Silver 70 Off Exchange PPO	Silver 1850 PPO	Silver 2800 HDHP PPO	Bronze 60 PPO	Bronze 60 HDHP PPO	Bronze 7250 PPO	Minimum Coverage PPO
0 to 14	$545.16	$517.53	$501.97	$457.89	$454.45	$444.56	$375.57
15	$593.62	$563.53	$546.59	$498.60	$494.84	$484.07	$408.96
16	$612.15	$581.12	$563.65	$514.16	$510.29	$499.18	$421.72
17	$630.68	$598.71	$580.71	$529.72	$525.73	$514.29	$434.49
18	$650.63	$617.65	$599.09	$546.48	$542.37	$530.56	$448.23
19	$670.59	$636.60	$617.46	$563.24	$559.00	$546.84	$461.98
20	$691.25	$656.21	$636.49	$580.60	$576.23	$563.69	$476.22
21	$712.63	$676.51	$656.17	$598.55	$594.05	$581.12	$490.95
22	$712.63	$676.51	$656.17	$598.55	$594.05	$581.12	$490.95
23	$712.63	$676.51	$656.17	$598.55	$594.05	$581.12	$490.95
24	$712.63	$676.51	$656.17	$598.55	$594.05	$581.12	$490.95
25	$715.48	$679.22	$658.80	$600.95	$596.43	$583.45	$492.91
26	$729.74	$692.75	$671.92	$612.92	$608.31	$595.07	$502.73
27	$746.84	$708.98	$687.67	$627.28	$622.56	$609.02	$514.51
28	$774.63	$735.37	$713.26	$650.63	$645.73	$631.68	$533.66
29	$797.44	$757.01	$734.26	$669.78	$664.74	$650.28	$549.37
30	$808.84	$767.84	$744.76	$679.36	$674.25	$659.57	$557.22
31	$825.94	$784.08	$760.50	$693.72	$688.50	$673.52	$569.01
32	$843.05	$800.31	$776.25	$708.09	$702.76	$687.47	$580.79
33	$853.74	$810.46	$786.09	$717.07	$711.67	$696.18	$588.15
34	$865.14	$821.28	$796.59	$726.64	$721.18	$705.48	$596.01
35	$870.84	$826.70	$801.84	$731.43	$725.93	$710.13	$599.94
36	$876.54	$832.11	$807.09	$736.22	$730.68	$714.78	$603.86
37	$882.24	$837.52	$812.34	$741.01	$735.43	$719.43	$607.79
38	$887.94	$842.93	$817.59	$745.80	$740.19	$724.08	$611.72
39	$899.34	$853.76	$828.09	$755.37	$749.69	$733.38	$619.57
40	$910.75	$864.58	$838.59	$764.95	$759.20	$742.67	$627.43
41	$927.85	$880.82	$854.34	$779.32	$773.45	$756.62	$639.21
42	$944.24	$896.38	$869.43	$793.08	$787.12	$769.99	$650.50
43	$967.04	$918.02	$890.43	$812.24	$806.13	$788.58	$666.21
44	$995.55	$945.08	$916.67	$836.18	$829.89	$811.83	$685.85
45	$1,029.04	$976.88	$947.51	$864.31	$857.81	$839.14	$708.93
46	$1,068.95	$1,014.77	$984.26	$897.83	$891.07	$871.68	$736.42
47	$1,113.85	$1,057.39	$1,025.60	$935.54	$928.50	$908.29	$767.35
48	$1,165.16	$1,106.09	$1,072.84	$978.63	$971.27	$950.14	$802.70
49	$1,215.75	$1,154.13	$1,119.43	$1,021.13	$1,013.45	$991.39	$837.55
50	$1,272.76	$1,208.25	$1,171.92	$1,069.02	$1,060.97	$1,037.88	$876.83
51	$1,329.06	$1,261.69	$1,223.76	$1,116.30	$1,107.90	$1,083.79	$915.61
52	$1,391.06	$1,320.55	$1,280.85	$1,168.38	$1,159.58	$1,134.35	$958.33
53	$1,453.77	$1,380.08	$1,338.59	$1,221.05	$1,211.86	$1,185.49	$1,001.53
54	$1,521.47	$1,444.35	$1,400.93	$1,277.91	$1,268.30	$1,240.70	$1,048.17
55	$1,589.17	$1,508.62	$1,463.27	$1,334.77	$1,324.73	$1,295.90	$1,094.81
56	$1,662.57	$1,578.30	$1,530.85	$1,396.43	$1,385.92	$1,355.76	$1,145.38
57	$1,736.69	$1,648.66	$1,599.09	$1,458.67	$1,447.70	$1,416.20	$1,196.43
58	$1,815.79	$1,723.75	$1,671.93	$1,525.11	$1,513.64	$1,480.70	$1,250.93
59	$1,854.99	$1,760.96	$1,708.02	$1,558.03	$1,546.31	$1,512.66	$1,277.93
60	$1,934.09	$1,836.05	$1,780.85	$1,624.47	$1,612.25	$1,577.17	$1,332.43
61	$2,002.50	$1,900.99	$1,843.85	$1,681.94	$1,669.28	$1,632.95	$1,379.56
62	$2,047.40	$1,943.61	$1,885.18	$1,719.64	$1,706.70	$1,669.56	$1,410.49
63	$2,103.69	$1,997.06	$1,937.02	$1,766.93	$1,753.63	$1,715.47	$1,449.27
64+	$2,137.89	$2,029.53	$1,968.51	$1,795.65	$1,782.15	$1,743.36	$1,472.84

Monthly rates for region 19 – HMO plans

Age	Platinum 90 Trio HMO	Gold 80 Trio HMO	Silver 70 Trio HMO	Silver 73 Trio HMO	Silver 87 Trio HMO	Silver 94 Trio HMO	Silver 70 Off Exchange Trio HMO	Bronze 60 Trio HMO	Bronze 7500 Trio HMO
0 to 14	$426.86	$384.47	$341.11	$341.11	$341.11	$341.11	$317.16	$302.28	$293.10
15	$464.80	$418.64	$371.43	$371.43	$371.43	$371.43	$345.35	$329.14	$319.15
16	$479.31	$431.71	$383.02	$383.02	$383.02	$383.02	$356.13	$339.42	$329.12
17	$493.81	$444.78	$394.61	$394.61	$394.61	$394.61	$366.91	$349.69	$339.08
18	$509.44	$458.85	$407.10	$407.10	$407.10	$407.10	$378.52	$360.75	$349.81
19	$525.06	$472.92	$419.58	$419.58	$419.58	$419.58	$390.13	$371.82	$360.53
20	$541.24	$487.50	$432.52	$432.52	$432.52	$432.52	$402.15	$383.28	$371.64
21	$557.98	$502.57	$445.89	$445.89	$445.89	$445.89	$414.59	$395.13	$383.14
22	$557.98	$502.57	$445.89	$445.89	$445.89	$445.89	$414.59	$395.13	$383.14
23	$557.98	$502.57	$445.89	$445.89	$445.89	$445.89	$414.59	$395.13	$383.14
24	$557.98	$502.57	$445.89	$445.89	$445.89	$445.89	$414.59	$395.13	$383.14
25	$560.21	$504.59	$447.68	$447.68	$447.68	$447.68	$416.25	$396.71	$384.67
26	$571.37	$514.64	$456.59	$456.59	$456.59	$456.59	$424.54	$404.61	$392.33
27	$584.77	$526.70	$467.29	$467.29	$467.29	$467.29	$434.49	$414.10	$401.53
28	$606.53	$546.30	$484.68	$484.68	$484.68	$484.68	$450.66	$429.51	$416.47
29	$624.38	$562.38	$498.95	$498.95	$498.95	$498.95	$463.93	$442.15	$428.73
30	$633.31	$570.42	$506.09	$506.09	$506.09	$506.09	$470.56	$448.47	$434.86
31	$646.70	$582.48	$516.79	$516.79	$516.79	$516.79	$480.51	$457.96	$444.06
32	$660.09	$594.55	$527.49	$527.49	$527.49	$527.49	$490.46	$467.44	$453.25
33	$668.46	$602.08	$534.18	$534.18	$534.18	$534.18	$496.68	$473.37	$459.00
34	$677.39	$610.13	$541.31	$541.31	$541.31	$541.31	$503.31	$479.69	$465.13
35	$681.86	$614.15	$544.88	$544.88	$544.88	$544.88	$506.63	$482.85	$468.19
36	$686.32	$618.17	$548.45	$548.45	$548.45	$548.45	$509.95	$486.01	$471.26
37	$690.78	$622.19	$552.01	$552.01	$552.01	$552.01	$513.26	$489.17	$474.32
38	$695.25	$626.21	$555.58	$555.58	$555.58	$555.58	$516.58	$492.33	$477.39
39	$704.17	$634.25	$562.72	$562.72	$562.72	$562.72	$523.21	$498.66	$483.52
40	$713.10	$642.29	$569.85	$569.85	$569.85	$569.85	$529.85	$504.98	$489.65
41	$726.49	$654.35	$580.55	$580.55	$580.55	$580.55	$539.80	$514.46	$498.85
42	$739.33	$665.91	$590.81	$590.81	$590.81	$590.81	$549.33	$523.55	$507.66
43	$757.18	$681.99	$605.08	$605.08	$605.08	$605.08	$562.60	$536.19	$519.92
44	$779.50	$702.10	$622.91	$622.91	$622.91	$622.91	$579.18	$552.00	$535.24
45	$805.73	$725.72	$643.87	$643.87	$643.87	$643.87	$598.67	$570.57	$553.25
46	$836.97	$753.86	$668.84	$668.84	$668.84	$668.84	$621.89	$592.70	$574.71
47	$872.13	$785.52	$696.93	$696.93	$696.93	$696.93	$648.01	$617.59	$598.84
48	$912.30	$821.71	$729.03	$729.03	$729.03	$729.03	$677.86	$646.04	$626.43
49	$951.92	$857.39	$760.69	$760.69	$760.69	$760.69	$707.29	$674.09	$653.63
50	$996.56	$897.60	$796.36	$796.36	$796.36	$796.36	$740.46	$705.70	$684.28
51	$1,040.64	$937.30	$831.59	$831.59	$831.59	$831.59	$773.21	$736.92	$714.55
52	$1,089.18	$981.03	$870.38	$870.38	$870.38	$870.38	$809.28	$771.30	$747.89
53	$1,138.29	$1,025.25	$909.62	$909.62	$909.62	$909.62	$845.76	$806.07	$781.60
54	$1,191.29	$1,073.00	$951.98	$951.98	$951.98	$951.98	$885.15	$843.60	$818.00
55	$1,244.30	$1,120.74	$994.34	$994.34	$994.34	$994.34	$924.54	$881.14	$854.40
56	$1,301.77	$1,172.51	$1,040.27	$1,040.27	$1,040.27	$1,040.27	$967.24	$921.84	$893.86
57	$1,359.80	$1,224.78	$1,086.64	$1,086.64	$1,086.64	$1,086.64	$1,010.36	$962.93	$933.71
58	$1,421.74	$1,280.56	$1,136.13	$1,136.13	$1,136.13	$1,136.13	$1,056.38	$1,006.79	$976.24
59	$1,452.43	$1,308.20	$1,160.66	$1,160.66	$1,160.66	$1,160.66	$1,079.18	$1,028.53	$997.31
60	$1,514.37	$1,363.99	$1,210.15	$1,210.15	$1,210.15	$1,210.15	$1,125.20	$1,072.39	$1,039.84
61	$1,567.93	$1,412.24	$1,252.96	$1,252.96	$1,252.96	$1,252.96	$1,165.00	$1,110.32	$1,076.62
62	$1,603.09	$1,443.90	$1,281.05	$1,281.05	$1,281.05	$1,281.05	$1,191.12	$1,135.21	$1,100.76
63	$1,647.17	$1,483.60	$1,316.27	$1,316.27	$1,316.27	$1,316.27	$1,223.87	$1,166.43	$1,131.02
64+	$1,673.94	$1,507.71	$1,337.67	$1,337.67	$1,337.67	$1,337.67	$1,243.77	$1,185.39	$1,149.41



601 12th Street, Oakland, CA 94607-3613
Phone (510) 607-2000

Covered California is a registered trademark of the state of California.

Blue Shield and the Shield symbol are registered trademarks of Blue Shield of California.

Language Assistance Notice

For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

Nondiscrimination Notice

The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

Blue Shield of California is an independent member of the Blue Shield Association A11710IFP-19A_1026